



**Montana Fish,
Wildlife & Parks**

1998 Montana Resident With A Disability Conservation License Application

1. Section 1 must be completely and correctly filled out or your application will be returned.
2. Complete Section 2 ONLY if you do not have a previous year's *Resident Person With A Disability Conservation License*.
3. Enclose \$4.00. Enclose a copy of your Montana Driver's License or Montana Identification Card. Enclose a copy of your previous year's *Resident Person With A Disability Conservation License*.

Section 1 — Must be completed by the applicant

Please Print

First Name		Middle Initial	Last Name	Area Code	Home Phone Number
_____		_____	_____	_____	_____
Address of Permanent Residence — Street or Route Number			Mailing Address if Other Than Permanent Address — PO Box		
_____			_____		
City, State Zip Code			City, State, Zip Code		
_____			_____		

Montana Drivers License

Photocopy MUST be attached

OR

Montana Identification Card Number **Photocopy MUST be attached**

A MT Identification Card Number is required if you do not have a MT Driver's License. The ID card is available through your local Driver's Exam Office.

Expires: _____

Sex	Eye Color	Weight	Height	Hair Color	Date of Birth
____ Male ____ Female	_____	_____	_____	_____	____/____/____ month day year

I hereby declare that I have been a **LEGAL** resident of the State of Montana for a period of AT LEAST 180 CONSECUTIVE DAYS (SIX MONTHS) **years*** _____ **months** _____ — IMMEDIATELY PRIOR to making application for said license or that I or a member of my immediate family, who resides in my Montana household, is in the armed forces and has been on active duty in Montana for the past 30 days (must enclose assignment order). ***years of residency MUST be indicated**

I hereby declare that all statements on this form are true and correct. I have not made more than one application per license. I understand that if I subscribe to any false statement in this application that I am subject to criminal prosecution. MCA 87-2-104.

Signature of Licensee (Do Not Print) (Original signature required)

Date

Section 2 — Must be completed by a Montana licensed physician

Note: This section needs to be completed by a physician **ONLY** if this is the first time you are applying for this license.

To qualify for a "Montana Resident With a Disability Conservation License", the applicant must be a legal resident of Montana and must be certified by a licensed physician as being disabled as defined below:

- (i) A person suffering from a condition medically determined to be permanent and substantial, and resulting in significant impairment of the person's functional ability and specifically includes amputation, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia, other spinal cord conditions and renal failure; OR
- (ii) A person who, because of lack of social competence, mobility, experience, skills, training or other characteristics, is in need of and is receiving sheltered employment or work activities services in a protective setting.

I have read and understand the eligibility criteria listed above. Based on this criteria, I certify that the above listed applicant is certified eligible for a **Resident Person with a Disability Conservation License**.

Physician's Signature

PRINT — Physician's Name

Physician's License #

PRINT — Physician's Address

Enclosed is my payment of \$4 in the form of a: ☐ Personal check ☐ Cashier's Check ☐ Money Order # _____



**Montana Fish,
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1998 Permit to Hunt From a Vehicle Application

1. Section 1 on the reverse side must be completely and correctly filled out or your application will be returned.
2. Complete Section 3 and enclose your 1997 license stamped with the *Permit to Hunt From a Vehicle* symbol.
3. Complete Section 4 **ONLY** if you do not have a 1997 license stamped with the *Permit to Hunt From a Vehicle* symbol.

Section 3 — Must be completed by the applicant

Please Print

Hunters with the *Permit to Hunt From a Vehicle* authorization **MUST** be accompanied by another person to assist with field dressing and/or recovery of a wounded game animal when hunting big game. 87-2-803(4) MCA.

I, _____ hereby affirm that I am capable of holding and firing legal firearms, without assistance from other persons, and that I qualify for this permit because I cannot walk or cannot walk unaided due to one of the following (check as applicable):

NOTE: The ability to walk unaided, even for only a short distance, does not qualify for the Permit to Hunt From a Vehicle.

1. ☐ I am quadriplegic;
2. ☐ I must use portable oxygen in an outdoor environment;
3. ☐ I require **100 percent total and permanent** dependence for mobility on assistance devices (*check one or more*):
☐ crutch(es) ☐ cane(s) ☐ wheelchair ☐ prosthetic appliance (artificial lower limb)

X _____

Applicant's Signature (fax or photocopy not accepted)

Date

Section 4 — Must be completed by a licensed physician

Please Print

I hereby certify that the above-named applicant is physically disabled as checked above and eligible for the Permit to Hunt From a Vehicle.

Physician's Signature

PRINT — *Physician's Name*

Physician's License #

PRINT — *Physician's Address*

Please Remember:

1. All licenses are nonrefundable and nontransferable.
2. All licenses are valid March 1, 1998 - February 28, 1999.
3. Invalid or incomplete applications will be rejected.
4. Be sure to attach photocopy of your MT Driver's License or MT Identification Card.
5. ???'s — (406) 444-2535

Return completed application to:

Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701

THANK YOU
FOR YOUR SUPPORT THROUGH YOUR LICENSE PURCHASE